Program Element	Poor	Fair	Good	Excellent
1- Management Support	No management direction – Top management does not participate in safety & health activities or actively review status of the safety program.	Top management recognizes safety & health as important but is inconsistently involved. No clearly defined expectations of managers and employees regarding safety responsibilities.	Top management recognizes safety & health as a good business practice. A designated safety manager is in place at a management level with overall organizational decision authority. Top management remains visibly involved.	Top management values safety and is visibly and frequently involved in safety activities. In addition to "good", Safety & Health management is organizationally next to key decision makers. Safety performance is measured and linked to compensation.
2- Assignment of Responsibility	No person in the organization with safety as a responsibility.	A person is assigned to safety formally, but has other assignments with higher priority. Minimal training with reactive, enforcement mentality	Safety responsibility formally assigned to a person as primary role with some formal training or coaching provided. Supervisors have specific duties in regard to safety. Some authority to spend resources is given.	A well trained safety director with a clear job description is in place. Supported in the organization by clear management goals. Safety is "everyone's" responsibility with all key executives involved.
3- Safety Committee	No safety committee in place.	Safety Committee may have been organized but meetings are undocumented and irregular. Members serve informally with no clear duties outlined and no supervision by top management.	Safety committee meets regularly with agendas and published minutes. The committee reviews loss trends, accident investigations and self-inspections during their meetings. A member of management chairs or attends the meeting periodically.	In addition to "good" the committee is actively involved in safety training plans, safety goal setting, hazard identification and other safety promotional activities. Top management is frequently involved.
4- Hazard Identification & Control	No programs to identify hazards. No hazard controls. Poor housekeeping & practices.	Informal hazard I.D. & control. Controls implemented on an as needed basis or in reaction to accidents.	Employees are encouraged to report hazards & rewarded by the management system. Regular self inspections are conducted by assignment and documented.	In addition to "good" formal hazard identification & control tools are used in work operations such as Job safety analysis, RULA, etc. results are reviewed by Top Management.
5- Employee & Supervisor Training	No formal training. On the job training. No formal safety training	Basic safety orientation when hired. No task specific training. Occasional safety meetings.	Specific employee orientation, including safety training. Safety training on an annual basis. 1/4ly safety meetings.	Very specific new employee training. Employee must demonstrate proficiency prior to work assignment. Regular safety meetings." Train the trainer" program for all supervisors.
6- Incident Reporting & Emergency Response	No formal requirement for incident reporting. No emergency plan. No accident investigation.	Employees instructed to report incident with a basic company policy to "report to supervisor". Limited emergency information posted. Some accident investigation performed.	Company policy to report accidents & incidents ASAP. Emphasized during new employee orientation. Emergency procedures well documented. Formal accident investigation procedures with a requirement to investigate significant incidents.	Formal incident reporting system includes "near miss" reporting. Strong company policy requiring ASAP reporting. Advanced claims management practices. Formal emergency response procedures including business interruption planning. Formal incident investigation with "root cause analysis". Upper management evaluates incidents as part of business planning.
7- Return to Work	No PPO use. No effort directing personnel back to work. No formal contact with injured worker.	Use PPO network. Developed relationships with medical provider. Some effort towards RTW. No formal program. Limited contact with injured worker.	PPO use. Developed relationship with medical providers. Basic written RTW policy. Modified duty positions selected. Supervisors attend physician visits. RTW program demonstrated by claims review.	PPO use. Detailed relationship with med. providers includes identified modified duty positions. Customized RTW program with written job descriptions. RTW agreement detailed in a RTW contract with injured worker. Consisted RTW practices as demonstrated in claims review.